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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/774,135	02/06/2004		Lukas Eisermann		PC806.00/31132.121	8402
TITLE OF INVENTION: ARTICULAR DISC PROSTHESIS AND METHOD FOR TREATING SPONDYLOLISTHESIS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE WHEN
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/02/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			res of the
COMSTOCK, DAVID C		3733	623-017150			vog mæt
1. Change of correspondence CFR 1.363).	e address or indication	of "Fee Address" (37	2. For printing on the patent front page, list			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
"Fee Address" indica	tion (or "Fee Address"	Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PTO/SB/47; Rev 03-02 Number is required.	or more recent) attache	ed. Use of a Customer				
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PLEASE NOTE: Unless an assignee is identified below no assignee data will appear on the annual to the state of the state o						
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
11/2 20 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2						
Marsan Withopedic, Loc Warsan, Indiana						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee Publication Fee (No small entity discount permitted)			A check is enclosed. Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12254(e) (enclose an extra copy of this form).			
5 Change in Entity Status	(from status indicated	ahawa)	overpayment, to Depos	it Account Number	132546 (enclose an	extra copy of this form).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature	101.			Date	7410	
Typed or printed name NIIIIam K. Lichited Registration No. 43,879						
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparings and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						

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